

FILED
Jan 30, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000007727			
1. Entity Name YOLI INC.			
Principal Place of Business 7647 S. KEDZIE CHICAGO, IL 60652		Mailing Address 7647 S. KEDZIE CHICAGO, IL 60652	
DO NOT WRITE IN THIS SPACE			
			
		01082008 No Chg-P CR2E034 (11/05)	
4. FEI Number 36-4037954		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YEAGER, GLORIA 279 WOODLAND AVE. DAYTONA BEACH, FL 32118-3341		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>GLORIA YEAGER</u> <u>1/08/08</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		U000000804465 02/05/08-80069-017 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DOMINGUEZ, YOLANDA 9116 S. TRIPP ST. OAK LAWN, IL 60453		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DOMINGUEZ, JOSE B. 9116 S. TRIPP ST. OAK LAWN, IL 60453		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 113, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>Yolanda Dominguez</u> <u>1/08/08</u> <u>(630) 665-3800</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone			